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JUN 17 2011

Health Care Facilities

536/800-

STATE OF TENNESSEE  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH CARE FACILITIES  
227 FRENCH LANDING, SUITE 501  
HERITAGE PLACE METROCENTER  
NASHVILLE, TENNESSEE 37243  
(615) 741-7221

HOME FOR THE AGED  
APPLICATION FOR INITIAL LICENSURE

All applicable laws, rules, policies, and guidelines affecting your practice are available for viewing at [www.state.tn.us/health](http://www.state.tn.us/health). Please check this website periodically for updates.

Name of the Facility/Agency Living the Dream - Retirement Living for Seniors, Inc.

Location of the Facility:

Street 1125 Deer Creek Drive City Cookeville

County Putnam State TN Zip 38501

Phone Number (931) [REDACTED] Fax Number (931) [REDACTED]

Twenty-four (24) Hour Emergency Phone Number (931) [REDACTED]

E-Mail Address ltd@[REDACTED].net

Total Bed Capacity 22

Administrator Information:

Administrator Wendy Askins

Certificate number or license number if Licensed as a Nursing Home Administrator in Tennessee 0000001969

Have you (Administrator) ever been convicted of a crime involving injury or harm to person(s), financial or business management (e.g., assault, battery, robbery, embezzlement or fraud)? Yes ☐ No ☒

If yes, what charge(s)? \_\_\_\_\_

Location of Conviction \_\_\_\_\_ Date \_\_\_\_\_  
(City) (County) (State)

Mailing address if different from the Facility location address:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Ownership of Building:

Name Living the Dream Retirement Living for Seniors, Inc. Phone Number (931) [REDACTED]

Street 1125 Deer Creek Drive

City Cookeville State TN Zip 38501

**FEE SCHEDULE: (FEES ARE NON-REFUNDABLE)**

<u>Bed Capacity</u>	<u>Fee</u>	<u>Bed Capacity</u>	<u>Fee</u>
1 thru 3	Not Licensed	75 thru 99	\$1,400
4 thru 5	\$ 300	100 thru 124	\$1,600
6 thru 24	\$ 800	125 thru 149	\$1,800
25 thru 49	\$1,000	150 thru 174	\$2,000
50 thru 74	\$1,200	175 thru 199	\$2,200

*Facilities with 200 beds or more shall pay a flat rate of \$2400 + \$200 for each additional 25 beds or fraction thereof (i.e., 200-224 pays \$2,600; 225-24 pays \$2,800)*

**OWNERSHIP OF BUSINESS:****I. a. Check the type of Legal Entity:**

\_\_\_\_ Individual \_\_\_\_ Partnership X Corporation \_\_\_\_ Limited Liability Company  
 \_\_\_\_ Church Related \_\_\_\_ Government/County \_\_\_\_ Other

**b. Check One: \_\_\_\_ For Profit X Non-profit****c. Legal Entity checked in 1.a:**

Name Living the Dream - Retirement Living for Seniors, Inc. Phone Number (931) 858-4117  
 Address 1125 Deer Creek Drive, Cookeville, TN 38501

**d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity:**

<u>Wendy Askins</u>	<u>[REDACTED]</u>	<u>Cookeville, TN 38506</u>
Name	Address	City, State, Zip
<u>Larry Webb</u>	<u>[REDACTED]</u>	<u>Smithville, TN 37168</u>
Name	Address	City, State, Zip
<u>Sherry Thurman</u>	<u>[REDACTED]</u>	<u>Cookeville, TN 38501</u>
Name	Address	City, State, Zip

*(If additional space is needed, please use a separate sheet)*

**2. a. Is your facility/organization accredited by a federally approved accrediting body (i.e., JCAHO, CARF, etc)?**

Yes \_\_\_\_ No X Expiration Date \_\_\_\_\_

**b. Is your facility/organization deemed by a federally approved accrediting body (i.e., JCAHO, CARF, etc)?**

Yes \_\_\_\_ No X Expiration Date \_\_\_\_\_

**3. If you have a parent company please provide the following information:**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_

**4. a. Are any owners of the disclosing entity or also owners of other health care facilities in Tennessee and/or other states? Yes \_\_\_\_ No X****b. If yes, list names and addresses of all such facilities:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. a. Do you have a contract with a management firm to operate this facility? Yes \_\_\_\_\_ No X  
If yes, specify dates: From \_\_\_\_\_ To \_\_\_\_\_  
b. If yes, specify name of firm: \_\_\_\_\_  
Phone Number ( ) \_\_\_\_\_  
Address: \_\_\_\_\_  
6. a. Have any owners of the disclosing entity ever been denied a license, had a license suspended or revoke, had a suspension of admissions or paid any civil monetary penalties for a health care facility in Tennessee or in any other state? Yes \_\_\_\_\_ No X  
b. If yes, where? \_\_\_\_\_ When? \_\_\_\_\_  
c. For what reason? \_\_\_\_\_

**VERIFICATION BY NOTARY PUBLIC:**

Signee for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA § 71-6-103 to report incidents of abuse or neglect.

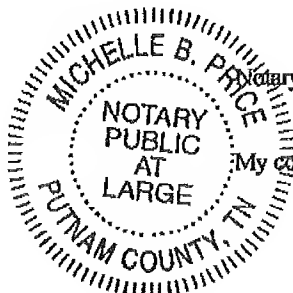
Larry Webb President June 1, 2011  
Applicant Signature Title or Position Date

STATE OF TENNESSEE

County of Putnam

The above named applicant (print name) Larry Webb, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof: that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to on this 1st day of June 2011  
(Month) (Year)



1d. Directors of Living the Dream (continued)

Kenneth Copeland

[REDACTED]

Livingston, TN 38570

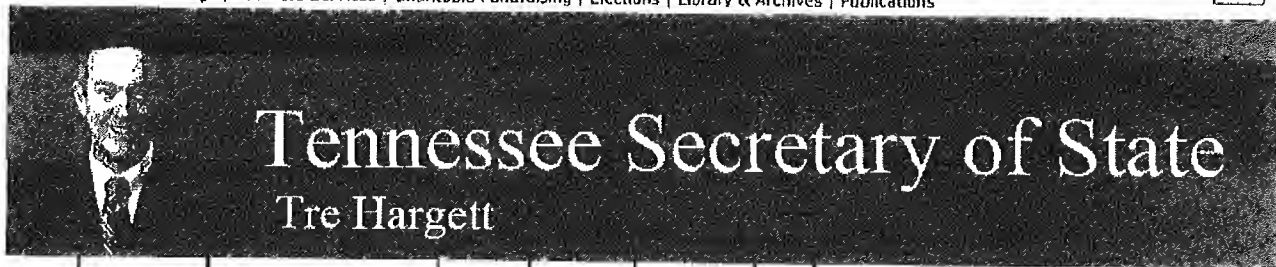
John Pelham

[REDACTED]

McMinnville, TN 37110

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[Business Services Online](#) > [Business Information Search](#) > [Business Entity Detail](#)

## Business Entity Detail

Entity details cannot be edited. This detail reflects the current state of the filing in the system.  
Click Here to return to the [Business Information Search](#)

000648843: Corporation Non-Profit - Domestic

**Name:** Living the Dream/Retirement Living for Seniors, Inc.

**Old Name:**

**Business Type:**

**Status:** Active

**Initial Filing:** 01/19/2011

**Formed in:** Putnam County

**Delayed Effective Date:**

**Fiscal Year Close:** December

**AR Due Date:** 04/01/2012

**Term of Duration:** Perpetual

**Inactive Date:**

**Principal Office:** 1125 Deer Creek Drive  
Cookeville, TN 38501 USA

**AR Exempt:** No

**Public Benefit Corporation:** Yes

[Assumed Names](#)

[History](#)

[Registered Agent](#)

**Name**

**Status**

**Expires**

No Assumed Names Found...

[Printer Friendly Version](#)

Division of Business Services  
312 Rosa L. Parks Avenue, Snodgrass Tower, 6th Floor  
Nashville, TN 37243  
615-741-2286

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TENNESSEE DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH CARE FACILITIES  
227 FRENCH LANDING, SUITE 501  
HERITAGE PLACE METROCENTER  
NASHVILLE, TN 37243  
TELEPHONE (615) 741-7221  
FAX 615-741-7051  
[www.tennessee.gov/health](http://www.tennessee.gov/health)

June 17, 2011

Living the Dream-Retirement Living for Seniors, Inc  
1125 Deer Creek Drive  
Cookeville, TN 38501

Dear Ms. Askins:

This is to acknowledge receipt of your application and fee to apply for licensure of Living the Dream-Retirement Living for Seniors, Inc, home for the aged facility. Please review the instruction sheet that you received with the application to apply for licensure so that you are aware of the process for obtaining licensure of your facility. If a certificate of need is required to provide services, you will need to contact *Health Services and Developmental Agency* at (615) 741-2364.

Please remember that if you are applying for licensure of a facility that requires an architectural plans review you must submit those plans along with the plans review fee prior to scheduling a survey. For homes for the aged facilities specifically; TCA 368-11-202 allows "schematics shall be submitted to the department for approval of plans and specifications converting an existing single family dwelling" with six (6) or less beds.

It is your responsibility to contact the East Tennessee Regional Office to request a survey of your facility. Please submit the request in writing to Karen B. Kirby, Regional Administrator, Health Care Facilities, 5904 Lyons View Pike, Building #1, Knoxville, TN, 37919. If you would like to fax the request to Ms. Kirby the fax number is (865) 594-5739.

Your application and fee will be held in a pending status until you are recommended by the Regional Office for licensure. Once the recommendation for licensure is received from the regional office, your facility will receive a letter for "Initial Approval;" and then your application will be presented before the Board for Licensing Health Care Facilities for ratification and final approval at the next regularly scheduled board meeting. Your facility CAN operate once you receive the "Initial Approval."

In the event that a certificate of need is required prior to obtaining a license for this facility the application file will be closed, the day following the expiration date of the certificate of need.

Should you have any questions or if I can be of assistance to you please call me at (615) 741-7539 or you may email me at [linda.mclear@tn.gov](mailto:linda.mclear@tn.gov).

Sincerely,

Linda McLearn  
Administrative Services Assistant II  
Health Care Facilities

# CRAINE, THOMPSON, & JONES, P.C.

## CERTIFIED PUBLIC ACCOUNTANTS

225 WEST FIRST NORTH STREET

P.O. BOX 1779

SUITE 300, MILLENNIUM SQUARE

MORRISTOWN, TENNESSEE 37616-1779

423-586-7650

### Independent Accountant's Report

To the Board of Directors  
Living The Dream Senior Living I

We have examined the accompanying forecasted financial information for Living the Dream Senior Living I for the years ending December 31, 2012, 2013 and 2014. Living The Dream Senior Living I's management is responsible for this information. Our responsibility is to express an opinion on the study based on our examination.

Our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, included such procedures as we considered necessary to evaluate both the assumptions used by management and the preparation and presentation of the study. We believe that our examination provides a reasonable basis for our opinion.

In our opinion, the accompanying financial feasibility study is presented in conformity with guidelines for a presentation of a forecast established by the American Institute of Certified Public Accountants and the underlying assumptions provide a reasonable basis for management's forecast. However, there will usually be differences between the forecasted and actual results, because events and circumstances frequently do not occur as expected, and those differences may be material. We have no responsibility to update this report for events and circumstances occurring after the date of this report.

*Craine, Thompson & Jones P.C.*

June 23, 2011

JAMES W. CRAINE, CPA  
GLENN B. THOMPSON, CPA, CFP, PFS  
MIRA J. CRAINE, CPA

THOMAS M. JONES, CPA  
HIRAM H. JONES, CPA

**Living The Dream Senior Living I  
Three Year Budget Proforma**

<b>Income</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
Revenue/ 20 Tenants	\$288,000	\$288,864	\$289,731
Storage rental	\$ 11,800	\$ 11,800	\$ 11,800
Miscellaneous	\$ 1,000	\$ 1,000	\$ 1,000
Fund Raising	\$ 40,000	\$ 41,200	\$ 42,436
	<u>\$340,800</u>	<u>\$342,864</u>	<u>\$344,967</u>

**Expenses**

Management Fee	\$ 25,000	\$ 25,000	\$ 25,000
Supervisor	\$ 20,000	\$ 20,000	\$ 20,000
Office Expense	\$ 1,000	\$ 1,030	\$ 1,060
Cleaning Supplies	\$ 3,500	\$ 3,605	\$ 3,713
Bookkeeping	\$ 1,200	\$ 1,236	\$ 1,275
FICA/Social Security	\$ 14,000	\$ 14,000	\$ 14,000
General Maintenance	\$ 5,000	\$ 5,200	\$ 5,500
Business Fees	\$ 1,000	\$ 1,100	\$ 1,200
Utility	\$ 19,000	\$ 19,570	\$ 20,157
Water/Sewer	\$ 3,000	\$ 4,000	\$ 5,000
Cable	\$ 3,500	\$ 3,600	\$ 3,700
Taxes	\$ 12,000	\$ 13,000	\$ 13,500
Insurance	\$ 14,000	\$ 14,000	\$ 14,000
Audit	\$ 1,500	\$ 1,500	\$ 1,600
Food	\$ 38,555	\$ 41,110	\$ 43,665
Food Prep Personnel	\$ 20,000	\$ 21,000	\$ 21,500
GENERAL LIABILITY	\$ 14,000	\$ 14,000	\$ 14,000
House Keeping Personnel	\$ 10,000	\$ 12,000	\$ 14,000
Principal & Interest Payment	<u>\$ 72,000</u>	<u>\$ 72,000</u>	<u>\$ 72,000</u>
	<u>\$278,255</u>	<u>\$286,951</u>	<u>\$294,870</u>

**Note: Tenants charges are \$1,200.00 each month**





**FEE SCHEDULE: (FEES ARE NON-REFUNDABLE)**

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**OWNERSHIP OF BUSINESS:**

1. a. Check the type of Legal Entity:

\_\_\_\_ Individual \_\_\_\_ Partnership ☒ Corporation \_\_\_\_ Limited Liability Company  
\_\_\_\_ Church Related \_\_\_\_ Government/County \_\_\_\_ Other

- b. Check One: \_\_\_\_ For Profit ☒ Non-profit

- c. Legal Entity checked in 1.a:

Name Living the Dream - Retirement Living for Seniors, Inc. Phone Number (931) 858-4117

Address 1125 Deer Creek Dr Cookeville TN 38501

- d. List name(s) and address(es) of individual owners, partners, directors of the corporation, or head of the governmental entity:

Name	<u>Wendy Askins</u>	<u>[REDACTED]</u>	<u>Cookeville, TN 38508</u>
Name	<u>Larry Webb</u>	<u>[REDACTED]</u>	<u>Smithville, TN 37166</u>
Name	<u>Sherry Thuman</u>	<u>[REDACTED]</u>	<u>Cookeville, TN 38501</u>
Name			

*(If additional space is needed, please use a separate sheet)*

2. a. Is your facility/organization accredited by a federally approved accrediting body (i.e., JCAHO, CARF, etc)?

Yes \_\_\_\_ No ☒ Expiration Date \_\_\_\_\_

- b. Is your facility/organization deemed by a federally approved accrediting body (i.e., JCAHO, CARF, etc)?

Yes \_\_\_\_ No ☒ Expiration Date \_\_\_\_\_

3. If you have a parent company please provide the following information:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

4. a. Are any owners of the disclosing entity or also owners of other health care facilities in Tennessee and/or other states? Yes \_\_\_\_ No ☒

- b. If yes, list names and addresses of all such facilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. a. Do you have a contract with a management firm to operate this facility? Yes \_\_\_\_\_ No X  
 If yes, specify dates: From \_\_\_\_\_ To \_\_\_\_\_
- b. If yes, specify name of firm: \_\_\_\_\_  
 Phone Number ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_
6. a. Have any owners of the disclosing entity ever been denied a license, had a license suspended or revoke, had a suspension of admissions or paid any civil monetary penalties for a health care facility in Tennessee or in any other state? Yes \_\_\_\_\_ No X
- b. If yes, where? \_\_\_\_\_ When? \_\_\_\_\_
- c. For what reason? \_\_\_\_\_

**VERIFICATION BY NOTARY PUBLIC:**

Signee for application certifies that he or she is of responsible character and able to comply with the minimum standards and regulations established by Tennessee pertaining to the type of facility or agency for which application for licensure is made and with the rules promulgated under Tennessee Code Annotated (TCA) § 68-11-201.

Signee also certifies that a policy has been implemented to inform all employees of their obligation under TCA § 71-6-103 to report incidents of abuse or neglect.

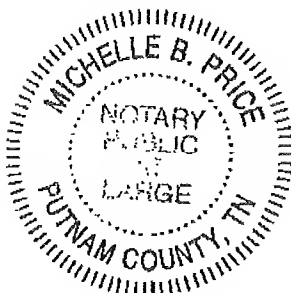
Larry Webb President 8/15/2011  
 Applicant Signature Title or Position Date

STATE OF TENNESSEE

County of Putnam

The above named applicant (print name) Larry Webb, being by me duly sworn on his/her oath, deposes and says that he/she has read the forgoing application and knows the contents thereof: that the statements concerning the above named facility or agency, therein contained, are correct and true to his/her own knowledge.

Subscribed to and sworn to on this 15th day of August 2011  
 (Month) (Year)



Notary Public: Michelle R.  
 My commission expires: July 20, 2015

RECEIVED

NOV 28 2011

Health Care Facilities

12/6/11

November 14, 2011

Ms. Ann Reed  
TN Department of Health  
227 French Landing, Suite 501  
Heritage Place MetroCenter  
Nashville, TN 37243

Linda,  
For your  
records.  
AR

Dear Ms. Reed,

Living the Dream Retirement Living for Seniors requests that our application as a Home for the Aged be withdrawn effective November 15, 2011. Thank you for your assistance with this licensure process.

Respectfully,



Larry Webb  
President, Living the Dream

LW/mp



TENNESSEE DEPARTMENT OF HEALTH  
BUREAU OF HEALTH LICENSURE AND REGULATION  
DIVISION OF HEALTH CARE FACILITIES  
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NASHVILLE, TN 37243  
TELEPHONE (615) 741-7221  
FAX 615-741-7051  
[www.tennessee.gov/health](http://www.tennessee.gov/health)

December 7, 2011

Living the Dream-Retirement Living for Seniors, Inc  
1125 Deer Creek Drive  
Cookeville, TN 38501

Dear Ms. Askins:

This is to acknowledge receipt of your letter to withdraw your application for licensure of Living the Dream – Retirement Living for Seniors, Inc, home for the aged facility located at 1125 Deer Creek Drive, Cookeville, Tennessee

If I can be of further assistance to you in the future please call me at (615) [REDACTED]

Sincerely,

A handwritten signature in cursive script that reads "Linda McLearn".

Linda McLearn  
Administrative Services Assistant II  
Health Care Facilities

Cc: Bill Harmon, Plans Review  
Dee Ganaway, Office for Information Technology Services  
Regional Office